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PROVIDER BULLETIN

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THIS ISSUE

Coverage Decisions (May 2004 to September 2004)

TO:

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Purpose

This bulletin describes policies currently in effect for State Fund in all locations:

- Non-coverage of Low Level Laser Therapy (LLLT)
- Non-coverage of Autologous Blood Injections
- Non-coverage of Tinnitus Retraining Therapy (TRT)

This bulletin describes policies currently in effect for State Fund and Self-Insurers in all locations:

- Coverage of Powered Traction Devices (updates PB 00-09)
- Coverage of Hyaluronic Acid (updates PB 98-10)

This bulletin describes a policy effective October 18, 2004 for State Fund and Self-Insurers in all locations:

- Coverage of Epidural Adhesiolysis

Low Level Laser Therapy (LLLT)

What is LLLT?

Low level laser therapy (LLLT), or cold laser, is a noninvasive light source treatment that generates light of a single wavelength. LLLT emits no heat, sound, or vibration, but acts via nonthermal or photochemical reactions in the cells.

Different practitioners use LLLT to treat a variety of painful disorders; indications include carpal tunnel syndrome (CTS), joint disorders, tendonitis, wound healing, low back pain, and ankle sprains.

Is LLLT a covered therapy?

At this time, LLLT is not a covered therapy because it is considered investigational. Published literature has not substantially shown effectiveness of LLLT.

Autologous Blood Injections

What are autologous blood injections?

Autologous blood injection/patch therapy is intended to treat lateral epicondylitis, or "tennis elbow". It has been hypothesized that blood injections contain the cellular and humoral mediators to induce a healing cascade.

The procedure involves taking 2 ml of blood from a patient, mixing it with 1 ml of lidocaine, and reinjecting the blood into the patient at the lateral epicondyle.

The injections are designed to address the angiofibroblastic degeneration that causes lateral epicondylitis. Most non-surgical therapies have instead focused on suppressing an inflammatory response, presumed to be the cause of the elbow pain.

Are autologous blood injections a covered procedure?

Autologous blood injections are not covered for lateral epicondylitis or any other indication. This therapy is considered experimental at this time due to a lack of published literature indicating safety and effectiveness. Epidural blood patches used to address spinal leaks are a different procedure, and remain covered for that purpose.

Tinnitus Retraining Therapy

What is Tinnitus Retraining Therapy (TRT)?

Tinnitus Retraining Therapy (TRT) is a program intended to address and treat chronic tinnitus. A multidisciplinary TRT team adjusts therapy to meet individual patient needs and provide direct counseling, sound therapy with instruments or devices, and follow-up visits.

Directive counseling works to demystify tinnitus and eliminate anxiety and inappropriate beliefs about tinnitus. By removing the negative associations attached to tinnitus, counseling attempts to train the brain to classify tinnitus as an insignificant signal.

Sound therapy uses constant, low levels of background sound to reduce subconscious detection of tinnitus. TRT may involve the use of tabletop sound machines and sound generators to avoid silence. Use of instrumentation is based on the patient's severity of hearing loss, hyperacusis, and tinnitus.

Is TRT a covered therapy?

TRT is not a covered therapy because it is considered investigational and controversial due to the lack of evidence addressing effectiveness for tinnitus.

Powered Traction Devices

What are powered traction devices?

Powered traction devices are air-powered auto-traction tables, split down the middle to apply cycles of tension axially to the lumbar vertebral column. The tension is intended to unload the spine through decompression. A tensionometer delivers precisely controlled cycles of distraction and relaxation. The patient can stop the movement of the table by releasing the handgrips, which stops the tension immediately.

Indications for use of powered traction tables are limited to patients that have demonstrable presence of disc protrusion or nerve root entrapment. Contraindications include: spondylolisthesis or spondylolysis, infection, neoplasm, osteoporosis, bilateral pars defect, fractures, surgical hardware in the spine, caudal equina syndrome, and lateral or central stenosis with severe secondary changes.

Manufacturers recommend a treatment course of 5 sessions per week for 20 treatments.

Is powered traction a covered therapy?

Powered traction is a covered therapy. This coverage decision applies to all FDA approved powered traction devices, including:

Company	Device	Year of Approval
Vat-Tech Inc.	Vax-D	1989
PDS Inc.	DRS System	1998
North American Medical Corporation	Spina System	2000
Axiom USA	DRX 2000 DRX 3000 DRX 5000	2003
Lordex, Inc.	Lordex Traction Unit	2003

This provider bulletin updates the Vax-D coverage decision as communicated in Provider Bulletin 00-09.

What are the billing rules for powered traction devices?

Only one unit of the appropriate billing code will be paid per visit, regardless of the length of time traction is applied. The department will not pay any additional cost when powered traction devices are used because published literature has not substantially shown whether powered traction devices are more effective than other forms of traction, other conservative treatments, or surgery.

What are the appropriate billing codes to use for powered traction devices?

CPT Code	Description
97012	Application of a modality to one or more areas; traction, mechanical

Which provider types may be reimbursed for powered traction?

When powered traction is a proper and necessary treatment, the department or self-insured employer may pay for powered traction therapy administered by a licensed practitioner.

Hyaluronic Acid Injections

What are hyaluronic acid injections?

Hyaluronic acid (HA) injections are for intra-articular injection into the knee to treat osteoarthritis. HA is a natural component of synovial fluid; inflammation from osteoarthritis reduces the viscoelasticity of the joint's synovial fluid. A series of HA injections may increase the viscoelasticity of the synovial fluid in a knee with osteoarthritis.

The FDA has approved four HA products to treat pain in patients with osteoarthritis of the knee who have failed to adequately respond to conservative therapy and analgesics. Hyalgan and Supartz are approved for five weekly injections; Synvisc and Orthovisc are approved for three weekly injections. This coverage decision applies to all four HA products and replaces the HA decision as communicated in Provider Bulletin 98-10.

HA injections are indicated only for osteoarthritis of the knee.

What are the coverage criteria for hyaluronic acid injections?

When osteoarthritis is the accepted condition or is retarding recovery from an accepted condition, one course of HA may be considered medically necessary. Prior authorization is required for hyaluronic acid injections.

The requesting provider must provide the insurer with documentation of the existence of osteoarthritis of the knee and that the patient has failed to benefit from or is unable to tolerate all of the following therapies recommended by the American College of Rheumatology:

1. Non-pharmacological therapies (e.g., physical therapy)
2. Non-opioid analgesics (e.g., acetaminophen)
3. Treatment with non-steroidal anti-inflammatory drugs (NSAIDs). Intolerance and therapeutic failure must be documented with at least a one-week trial of two formulary products from different NSAID classes.

If osteoarthritis is retarding recovery of the accepted medical condition, temporary treatment may be authorized when the following requirements are met, and are documented to the insurer:

1. The occupational disease or industrial injury is not stable.
2. Osteoarthritis is directly retarding recovery of the accepted occupational disease or industrial injury, and
3. The required documentation is submitted (see above).

See WAC 296-20-055 for temporary treatment of unrelated conditions retarding recovery.

Hyaluronic acid injections for indications other than osteoarthritis of the knee are considered experimental and will not be payable.

What are the appropriate billing codes to use for hyaluronic acid injections?

A provider may bill the insurer for the use of HA at a frequency of one service unit per day per knee with the codes listed below:

HCPCS Code	Description
J7317	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection; *Hyalgan* (20 mg) and *Supartz* (25 mg)
J7320	Hylan G-F 20, 16 mg; for intra-articular injection; *Synvisc*
J3590	Unclassified biologics; *Orthovisc*

- The treatment protocol for Hyalgan and Supartz is a series of five injections at weekly intervals.
- The treatment protocol for Synvisc is a series of three injections at weekly intervals.
- The treatment protocol for Orthovisc is a series of three injections at weekly intervals. HCPCS code J3590 is for unclassified biologics; Orthovisc has not received a unique HCPCS code.

The insurer will pay each of these codes according to the treatment protocol and the current L&I Fee Schedule.

Will additional courses of HA be covered?

Under rare circumstances, the insurer will pay for an additional course of HA treatment. Additional courses may be considered ***only when osteoarthritis is the accepted medical condition on the claim***, not when it is the condition retarding recovery.

In order for additional courses of HA injections to be considered medically necessary:

1. The provider must request prior authorization in writing, and
2. The request must include documentation of return of pain complaints and evidence of functional improvement for the patient following a prior course of treatment.

Epidural Adhesiolysis

What is epidural adhesiolysis?

Epidural adhesiolysis is a catheterization procedure to treat chronic low back and neck pain that have not responded to conservative treatments. The procedure is intended to eliminate fibrous tissue to allow application of drugs to nerves. Epidural adhesiolysis is also known as:

- Percutaneous lysis of epidural adhesions,
- Epidural decompressive neuroplasty, and
- Racz neurolysis.

A 16-gauge RK needle followed by a Racz catheter enters the epidural space either caudally, using an interlaminar approach, or by a transforaminal approach. Under radiographic control, lidocaine and steroid are injected into the epidural space through the catheter.

Epidural adhesiolysis was originally a 3-day procedure, with further injections of anesthetic and hypertonic saline on days 2 and 3. However, it has since been condensed into a 1-day procedure. No difference has been found between results of the 1-day and 3-day procedures.

What are the coverage criteria for epidural adhesiolysis?

Effective November 1, 2004, epidural adhesiolysis conducted with the 1-day protocol is a covered procedure for patients who meet all of the following criteria:

- The injured worker has experienced acute low back pain or acute exacerbation of chronic low back pain of no more than six months duration.
- The physician intends to conduct the adhesiolysis in order to administer drugs in immediate proximity to a nerve.
- The physician documents strong suspicion of adhesions blocking access to the nerve.
- Adhesions blocking access to the nerve have been identified by:
    - Gallium MRI
      OR
    - Fluoroscopy during epidural steroid injections.

Epidural adhesiolysis conducted with the 1-day protocol requires prior authorization.

When is epidural adhesiolysis a noncovered procedure?

Adhesiolysis conducted with the 3-day protocol and endoscopic adhesiolysis are noncovered procedures at this time.

What are the appropriate billing codes for epidural adhesiolysis?

CPT Code	Description
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; *1 day*

Additional Resources

For more information about the technology assessments for these coverage decisions, please see http://www.lni.wa.gov/ClaimsInsurance/Providers/TreatmentGuidelines/TechAssess/default.asp